

Instructions	<p>Test <b>institutionalized persons</b> (10.4.0) in this unit.</p> <p>Use the following to determine which financial worksheet to use:</p> <ol style="list-style-type: none"><li>1. <b>Medical institution</b> (10.1.0) residents with no <b>community spouse</b> (23.2.1):<ol style="list-style-type: none"><li>a. Use the green MA Institution Determination Worksheet (Worksheets Section).</li><li>b. Then begin at step #01 in this unit to determine this person's financial eligibility.</li></ol></li><li>2. Medical institution residents who have a community spouse and who became institutionalized before 9-30-89:<ol style="list-style-type: none"><li>a. Use the green MA Institution Determination Worksheet (Worksheets Section).</li><li>b. Then begin at step #01 in this unit to determine this person's financial eligibility.</li><li>c. If s/he is financially eligible, use the Income Allocation Worksheet (Worksheets Section) to calculate his/her post-eligibility income allocation amount.</li></ol></li><li>3. Medical institution residents who have a community spouse and who became institutionalized on or after 9-30-89:<ol style="list-style-type: none"><li>a. Use the Asset Assessment Worksheet (Worksheets Section) to do the asset assessment (23.4.1).</li><li>b. Then calculate the community spouse asset share (23.4.2).</li><li>c. Use the green MA Institution Determination Worksheet (Worksheets Section).</li><li>d. Then begin at step #01 in this unit to determine this person's financial eligibility.</li><li>e. Then use the Income Allocation Worksheet (Worksheets Section) to determine post-eligibility income allocation and nursing home liability amount.</li></ol></li><li>4. Community waiver applicants with no community spouse: Use the MA Waiver Eligibility &amp; Cost-Sharing Worksheet (Work-sheets Section) to determine eligibility and cost sharing amount.</li></ol>
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5. Community waiver applicants with a community spouse:
- Use the Asset Assessment Worksheet (Worksheets Section) to do the asset assessment (23.4.1).
  - Then calculate the community spouse asset share (23.4.2).
  - Then begin at step #01 in this unit until instructed to go to 25.9.0.
  - Then follow the instructions in 25.9.0 and on the MA Waiver Eligibility & Cost Sharing Worksheet (Worksheets Section) to determine eligibility, spenddown, and cost sharing.

Sometimes, when both spouses are institutionalized, the income of one is greater than his/her **monthly need** (step #9) and the income of the other is less than his/her monthly need. When this occurs, calculate the couple's combined monthly need and compare it with their combined income. If the total need is greater than the total income, and if the spouse with greater income is willing to combine it with his/her spouse's lesser income, both spouses could become eligible.

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Screen

01. Did this person enter the institution or apply for community waiver benefits before 9-30-89?

ANLA/ANII

**If yes**, go to 05.  
**If no**, go to 02.

10.4.0  
23.2.1

02. Does this **institutionalized person** have a **community spouse**?

ANDC

**If yes**, go to 03.  
**If no**, go to 05.

03. Is this an initial application?

**If yes**, go to 04.  
**If no**, go to 05.

## Screen

23.2.2	04. Does this person together with the community spouse have assets that exceed the <b>community spouse asset share + \$2000</b> ?  <b>If yes</b> , not eligible for MA. Go to 06. <b>If no</b> , go to 07.	MNAI
30.5.0	05. Are this person's nonexempt assets greater than the SSI-related <b>medically needy asset limit</b> ?  <b>If yes</b> , not eligible for MA. Go to 06. <b>If no</b> , go to 07.	
27.0.0	06. Is this person entitled to benefits under Medicare, Part A?  <b>If yes</b> , test this person for <b>qualified Medicare beneficiary</b> eligibility.  <b>If no</b> , not eligible for qualified medicare beneficiary benefits.	AFMD
14.2.1 14.3.0	07. Has there been a <b>divestment</b> by this person or his/her spouse in the <b>lookback period</b> or at any time after?	AAAT
14.5.0	<b>If yes</b> , calculate the <b>penalty period</b> . S/he is ineligible until the penalty period has expired. Go to 14.14.0 to test eligibility for MA card services.  <b>If no</b> , go to 08.	
25.1.0	08. Is this person a <b>community waivers</b> applicant/recipient?  <b>If yes</b> , go to Appendix 25.9.0 to determine his/her MA financial eligibility.  <b>If no</b> , go to 09.	ANCW

09. Compute the primary person's monthly need on the MA Institution Determination worksheet. Add the following:

- |        |  |      |
|--------|--|------|
| 10.5.1 | a. Personal needs allowance (30.5.1).                                    |      |
|        | b. Cost of any <b>health insurance</b> .                                 |      |
|        | c. Cost of institutional care (use the institution's private care rate). | ANII |
| 10.5.2 | d. Other medical costs.  |      |
|        | e. <b>Support payments</b> court-ordered or noncourt-ordered or both).   |      |

Don't deduct support if:

- (1) The spouse or minor child for whom either parent is legally responsible receives SSI, or
- (2) The spouse is eligible for SSI but refuses to apply for it.

10.5.3 f. **Court-ordered attorney or guardian fees** (or both).

10.5.3 g. Expenses for establishing and maintaining a court-ordered guardianship or protective placement.

h. Work related expenses.

i. Other deductible expenses.

The sum of <a> through <i> is the monthly need. Enter on line 8 of the MA Institution Determination worksheet.

Go to 10.

10. Compute monthly income by adding:

- |        |                             |
|--------|-----------------------------|
| 15.4.0 | a. Gross earned income.     |
|        | b. <b>Unearned income</b> . |

The sum of <a> and <b> is the monthly income. Go to 11.

11. Is the monthly income less than the Institutions Categorically Needy Income Limit (30.5.0)?

**If yes**, this person is eligible for categorically needy MA. Go to 12.

**If no**, go to 13.

	12.	Is this person entitled to benefits under Medicare, Part A?	AFMD
27.0.0		<b>If yes</b> , test him/her for <b>qualified Medicare beneficiary</b> eligibility. Go to 14.  <b>If no</b> , this person is eligible for categorically needy MA, but isn't a qualified medicare beneficiary. Go to 14.	
	13.	Is this person's monthly need (line 8) greater than his/her monthly income?  <b>If yes</b> , s/he is eligible for medically needy MA. Go to 14.  <b>If no</b> , not eligible for MA. Test him/her for <b>qualified Medicare beneficiary</b> .	
27.0.0			
10.2.0	14.	Is s/he residing in a <b>state licensed SNF/ICF</b> facility or <b>hospital</b> ?  <b>If yes</b> , go to 15. <b>If no</b> , go to 16.	ANII
	15.	Is this facility <b>certified</b> to receive MA payments and is the person's level of care covered by MA?  <b>If yes</b> , this person is eligible. If s/he is residing in a hospital, go to the Eligibility/Review Date Unit. If s/he isn't, go to 20.  <b>If no</b> , this person is eligible, but the MA card will not cover the cost of care. Go to the Eligibility/Review Date Unit.	
10.2.0			
10.1.1	16.	Is s/he a resident of an <b>institution for mental disease (IMD)</b> ?  <b>If yes</b> , go to 17.  <b>If no</b> , this person is eligible, but the MA card will not cover the cost of care. Go to the Eligibility/Review Date Unit.	ANII

17. Is s/he under age 21 or over age 64? ANID

**If yes**, go to 20.  
**If no**, go to 18.

18. Is s/he age 21 and has s/he been continuously residing in an IMD since at least age 20? ANII

**If yes**, go to 20.  
**If no**, go to 19.

10.1.1.2

19. Is s/he temporarily absent on **convalescent leave**? ANLA

**If yes**, s/he's eligible. Go to the Eligibility/Review Date Unit.

**If no**, s/he is not eligible.

20. Did this person reside in an institution for the entire month?

**If yes**, go to 21.  
**If no**, go to 22.

21. Will his/her MA eligibility become effective in this month, but later than the 1st day of this month?

**If yes**, there is no patient liability for this month. Go to the Eligibility/Review Date Unit.

**If no**, go to 25.

22. Was s/he a resident for only part of the month because s/he was temporarily hospitalized?

**If yes**, go to 23.  
**If no**, go to 24.

23. Did s/he reside in an institution earlier in the same month in which s/he entered the hospital?

**If yes**, go to 24.

**If no**, there is no patient liability for this month. Go to Eligibility/Review Date Unit.

24. Was s/he a resident for only part of the month because s/he:

- a. Died, or
- b. Was on therapeutic leave?

**If yes**, go to 25.

**If no**, there is no patient liability for this month. Go to Eligibility/Review Date Unit.

25. Does this person have a community spouse? ANHR/ANSI

**If yes**, go to Appendix 23.6.0 and determine income allocation and cost of care (line 9 on the Income Allocation Worksheet). Then go to the Eligibility/Review Date Unit.

**If no**, go to 26.

26. From this person's monthly income subtract:

30.1.0

- a. If employed, the first **\$65 1/2** of his/her gross earnings.

10.6.2

- b. Personal needs allowance (30.5.1).

10.5.1

- c. Cost of any **health insurance**.

10.5.2

- d. **Support payments** (court-ordered or noncourt-ordered or both).

15.3.1

- e. Monthly cost of **maintaining own home**.

10.5.3 f. **Court-ordered attorney or guardian fees** (or both).

10.5.3 g. Expenses for establishing and maintaining a court-ordered guardianship or protective placement.

10.6.3 Paying for services not covered by MA is explained in 10.6.3.

Go to 27.

27. Is there an amount left over after subtracting?

10.6.0 **If yes**, enter the amount on the Institution Worksheet, line 18. This is the **cost of care** amount.

If the cost of care amount is equal to or more than the nursing home's MA rate, the person must pay the full nursing home cost. If there is income left over after paying the nursing home cost, the person must pay his/her medical bills up to the amount of the excess income. MA will pay the balance. The person must pay his/her obligation before MA can be billed. Go to 28.

**If no**, go to Eligibility/Review Date Unit.

28. Was this person a resident for only part of the month because s/he died?

**If yes**, go to 29.  
**If no**, go to 31.

29. Was the income available toward the cost of care in the month of death greater than the nursing home's cost of care for that month?

**If yes**, go to 30.  
**If no**, go to 31.



30. Send EDS a 3070 form showing the patient's income available toward the cost of care for the month of death as equal to the nursing home charges for the month of death.

The nursing home will notify the Estate Recovery Program (ERP) of who received the excess income. ERP will attempt recovery even if the money goes to the heir directly. ERP uses the same process to recover this excess income as it does for recovering patient fund accounts (IMM, II,A.).

Go to the Eligibility/Review Date Unit.

31. Did this person change institutions during the month?

**If yes**, do the following:

10.6.0

- a. Calculate his/her cost of care for the month of change.
- b. Divide the cost of care by the number of days in the month of change. This results in the daily prorated amount.
- c. Multiply the daily prorated amount by the number of days in the month of change that s/he resided in the first institution. Allocate the resulting amount to the first institution.
- d. Multiply the daily prorated amount by the number of days in the month of change that s/he will reside in the second institution. Allocate the resulting amount to the second institution.

Note#1 : Don't count the day of the move twice. Count it for the nursing home to which they moved. Remember that the client must have incurred MA costs in each of those months that equaled or exceeded their patient liability for those specific months.

Note #2: If the client moves from a nursing home to a hospital to a 2<sup>nd</sup> nursing home, don't apply their income to the cost of care while they are in the hospital.

If the move to the hospital is mid month and then to the 2<sup>nd</sup> nursing home is in another month- Nursing home 1 gets the entire month 1 patient liability and nursing home 2 gets the entire month 2 amount.

If the client resides in 2 different nursing homes and a hospital all in the same month, divide the hospital days evenly and allocate those days to each nursing home. Then do the prorated calculation described above. Send manual notices to the nursing home and the client.

Go to the Eligibility/Review Date Unit.

If no, go to the Eligibility/Review Date Unit.